

## Architects and Engineers Professional Liability

### Application Instructions:

- Please type or print in ink.
- Answer all questions: **leave no blank spaces.**
- If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
- This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner, if Applicant is a Partnership, or Authorized Officer if Applicant is a Corporation.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

### SECTION I: INSTANT INDICATION

#### Applicant Information

- Name of Applicant: \_\_\_\_\_  
(If partnership or corporation, show firm)
- DBA: \_\_\_\_\_
- Address 1: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_
- Business Type (Partnership, Corp, etc.): \_\_\_\_\_
- Proposed Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YR MM DD YR

#### Short Form Eligibility

(ALL QUESTIONS IN THIS SECTION ARE MANDATORY)

If either Q#1 or #2 is YES, Q#5 Total Incurred is less than \$25,000, Q#6 is NO and all others are YES, you qualify for the Short Form application. Please proceed through Subsection F, recognizing that an entry in a double asterisk \*\* field will generate a referral to an underwriter. If Q#5 is \$25,000 or more, please complete subsection entitled **Claim History**. All others, please complete the entire application.

- Is a principal in the applicant's firm a licensed architect, engineer or land surveyor?  Yes  No  
If **Yes**, please provide State abbreviation(s): \_\_\_\_\_
- Is a principal in the applicant's firm an interior designer or landscape architect?  Yes  No  
Please provide a brief Description of Operation: \_\_\_\_\_  
(i.e. Architecture, Civil Engineering, Interior Design, Structural Engineering, etc. )
- Is the applicant's firm in private practice?  Yes  No
- Did the applicant's firm have billings less than \$1,000,000 in their last fiscal year?  Yes  No  
Total Gross Billings: \$\_\_\_\_\_ (If new business or firm, please provide the estimated Annual gross billings)
- Please indicate applicant's claim information for the past 10 years:  
Total # of Claims: \_\_\_\_\_ Total Incurred: \$\_\_\_\_\_

6. After inquiry, is the applicant, any predecessors in business or any other person for whom coverage is requested aware of any act, error or omission or circumstance which may result in a claim being made against them but which has not yet been reported to a professional liability carrier?  Yes  No

If **Yes**, please provide a statement giving full details \_\_\_\_\_

7. Does the applicant's firm have less than 25 staff members (full & part time)?  Yes  No

8. Does the applicant procure certificates of insurance from their subconsultants for limits of at least \$1MM (Answers of "Yes" or "No – (Consultants not used)" are required to proceed for a quote)  Yes  No

Please indicate with a checkmark any, or all, risk management tools your firm uses:

- Written contracts are used 100% of the time .....
- AIA or EJCDC forms are used at least 70% of the time .....
- Limitation of Liability clauses are included at least 70% of the time .
- Membership in professional organizations .....
- Written in-house quality control procedures .....
- Continuing Education program for professional employees .....
- Peer Review Program .....

9. Is it true that no member of the applicant's firm (staff or principal) has ever had their Professional Liability policy cancelled or not renewed by an insurance company (except for non payment of premium)  Yes  No

10. Did less than 20% of the applicant's (plus any subsidiaries, parent or other related entities) total billings from the past fiscal year result from actual construction or erection?  Yes  No

11. What year was the applicant's firm established? \_\_\_\_\_

**Professional Disciplines/ Projects/ Services**

List all professional activities and services provided and their respective approximate percentage of previous year's gross revenue entered on the Operations page (**TOTAL MUST EQUAL 100%**):

Please describe in detail the professional activities for which coverage is desired, begin with the primary professional activity

**DISCIPLINES (TOTAL MUST EQUAL 100%):**

Discipline:	Percent	Discipline:	Percent
Acoustical Engineering	_____ %	Forensic Activities / Expert Testimony	_____ %
Architecture	_____ %	HVAC Engineering	_____ %
Asbestos Inspection, Testing or Abatement Design:**	_____ %	Hydrology/Geology	_____ %
Chemical Engineering: **	_____ %	Interior Design	_____ %
Chemical Engineering (Coal, Gas, Oil) **	_____ %	Laboratory Testing**	_____ %
Civil Engineering (incl. Traffic/Transportation Water/Wastewater)	_____ %	Land Surveying	_____ %
Communication Engineering	_____ %	Landscape Architecture	_____ %
Construction Inspection	_____ %	Machine Equipment Design**	_____ %

Construction /Project Management At Risk **	_____ %	Mechanical Engineering (incl. Plumbing Design)	_____ %
Construction/Project Management/Agency **	_____ %	Mining Engineering**	_____ %
Drafting / Drawing / CAD	_____ %	Naval/Marine Engineering**	_____ %
Electrical Engineering (incl. Illumination/Lighting Design) (excl. Utilities/Power Plants & Heavy Industrial)	_____ %	Planning – Space/Land/Master	_____ %
Environmental Engineering **	_____ %	Process Engineering**	_____ %
Environmental Real Estate Audits	_____ %	Process Engineering Gas/Oil**	_____ %
Environmental Remediation Design/Specifications**	_____ %	Soil/Geotech Engineering**	_____ %
Environmental Risk Assessment and Permitting **	_____ %	Structural Engineering	_____ %
Feasibility Studies Applicant not resulting in construction	_____ %	Value/Quality Engineering	_____ %
Fire Protection Engineering	_____ %		_____ %

**PROJECTS (TOTAL MUST EQUAL 100%):**

Project Type:	Percent	Project Type:	Percent
Airports	_____ %	Military Nuclear Facilities**	_____ %
Amusement Rides**	_____ %	Mines**	_____ %
Apartment	_____ %	Municipal/Community/Public Buildings	_____ %
Auditoriums / Theaters	_____ %	Office Buildings	_____ %
Bridges	_____ %	Parking Structures	_____ %
Churches	_____ %	Parks / Playgrounds	_____ %
Commercial Buildings excluding Condos or Apartments	_____ %	Petrochemical/Refineries**	_____ %
Condominiums**	_____ %	Pools**	_____ %
Convention Centers	_____ %	Power Plants / Utilities	_____ %
Custom Residential	_____ %	Recreation	_____ %
Dams**	_____ %	Restaurants / Food Services	_____ %
Environmental Impact Statements	_____ %	Roads/Highways	_____ %
Foundation or Shoring Projects**	_____ %	Schools/Colleges	_____ %
Forensic / Expert	_____ %	Sewer Systems	_____ %
Golf Courses	_____ %	Sewage Treatment Plants	_____ %
Harbors/Piers/Ports/Marinas**	_____ %	Shopping Centers/Retail	_____ %
Hospitals/Healthcare	_____ %	Site Development	_____ %
Hotels/Motels	_____ %	Sports Stadiums	_____ %

Industrial Waste Treatment**	_____ %	Superfund/Pollution**	_____ %
Jails/Justice	_____ %	Surveying	_____ %
Landfills**	_____ %	Tract Homes/Subdivisions	_____ %
Libraries	_____ %	Traffic Planning	_____ %
Machinery & Equipment **	_____ %	Tunnels**	_____ %
Manufacturing/Industrial Buildings	_____ %	Warehouses	_____ %
Mass Transit	_____ %	Water systems	_____ %

**SERVICES (TOTAL MUST EQUAL 100%):**

Service	Percent
Conceptual Design.....	_____ %
Construction Observation Without Design.....	_____ %
Construction/Project Management .....	_____ %
Consulting – Not Resulting in Design.....	_____ %
Design And Observation.....	_____ %
Design Without Observation.....	_____ %
Development, Sale or Leasing of Computer Software to Others** .....	_____ %
Feasibility Studies/Planning/Reports.....	_____ %
Forensic Activities / Expert Testimony .....	_____ %
Inspection/Certification .....	_____ %
Inspection of Home/Commercial Property for Prospective Buyers or Lenders** .....	_____ %
Inspection Services on Existing Structures** .....	_____ %
Manufacture, Sale or Distribution of Any Product or Process** .....	_____ %
Perc Testing .....	_____ %
Plan Checking.....	_____ %
Subsurface Soil Testing excl. Perc Testing .....	_____ %
Surveying, Planning, Platting , Mapping, Flood Plain Studies, Construction Studies, Boundary Surveys, etc.....	_____ %

**Policy Limits**

Requested Limit: \$\_\_\_\_\_ / \$\_\_\_\_\_ Requested Deductible: \$ \_\_\_\_\_

1. Does the applicant currently have Professional Liability coverage?  Yes  No
- a. If **Yes**, does the applicant have Full Prior Acts coverage?  Yes  No
- b. If **No**, what is the prior acts date on the applicant's current policy? \_\_\_\_\_

**Operations**

1. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction erection?  Yes  No
2. Does the Applicant or subsidiary, parent or otherwise related entity engage in any manufacturing, fabrication or real estate development?  Yes  No

If **Yes**, please give details: \_\_\_\_\_

3. Domestic Operations Total Gross Billings Most Recently Completed Fiscal Year:

Joint Venture Projects Applicant's Portion Only: ..... \$ \_\_\_\_\_

Projects Insured Under Separate Project Policies: ..... \$ \_\_\_\_\_

Projects Which Have Been Permanently Abandoned: ..... \$ \_\_\_\_\_

Feasibility Studies, Master Plans, Reports: ..... \$ \_\_\_\_\_

Direct Reimbursables: ..... \$ \_\_\_\_\_

All Other Billings: ..... \$ \_\_\_\_\_

--OR--

Total Gross Billings: ..... \$ \_\_\_\_\_

For Joint Venture Projects, Projects Insured Under Separate Project Policies and Projects which have been Currently Abandoned please provide the name, location and current status of each project. If the Applicant is engaged in projects located outside the United States, its territories or Canada, please attach a description of such projects including gross billings as described above.

**Taxes and Fees**

*(Please complete the following if you seek a "non-admitted" quote)*

1. Name of Surplus Lines Filer: \_\_\_\_\_

2. S/L License # \_\_\_\_\_

3. Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**SECTION II: COMPLETE APPLICATION**

**Applicant's Practice**

1. During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place?  Yes  No

If **Yes**, please provide full details, including dates. If attachment is necessary please provide: \_\_\_\_\_

\_\_\_\_\_

2. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company?  Yes  No

If **Yes**, please provide full details. If attachment is necessary, please provide: \_\_\_\_\_

\_\_\_\_\_

3. Description of Operation: \_\_\_\_\_

4. Does the Applicant have a membership in a Professional Organization?  Yes  No

If **Yes**, please list the Professional Associations: \_\_\_\_\_

5. Number of Total Staff:

Principals, Partners, Officers and Directors: ..... \_\_\_\_\_

Architects, Engineers, Surveyors, Site Representatives, Landscape Architects, Draftsmen and other Technical Personnel: ... \_\_\_\_\_

Clerical and Accounting Employees: ..... \_\_\_\_\_

6. States in Which Professional License is held: \_\_\_\_\_

7. Is Foreign Work greater than 25%?  Yes  No

If **Yes**, please give full details: \_\_\_\_\_

8. Have any of the Principals, Officers or Partners listed ever been subject to disciplinary action by authorities as a result of their professional activities?  Yes  No

If **Yes**, please give full details: \_\_\_\_\_

\_\_\_\_\_

9. Type of Contract Used (Enter percentage amounts):

AIA or EJCDC ..... %

Client Drafted Agreement..... %

Firms Standard Form (attach copy) ..... %

Letter Agreement (firm or client drafted) ..... %

**Applicant's Practice 2**

1. TYPES OF CLIENTS:

- |                       |                            |                                   |
|-----------------------|----------------------------|-----------------------------------|
| Commercial ..... %    | Federal Government ..... % | Real Estate Developers ..... %    |
| Contractors ..... %   | State Government ..... %   | Individual Owners ..... %         |
| Other Design          |                            |                                   |
| Professionals ..... % | Local Government ..... %   | Others ..... %                    |
| Institutional ..... % | Industrial ..... %         | If Others, please describe: _____ |

\_\_\_\_\_

2. Does the Applicant provide professional services on projects in which any Principal, Officer, Director or Shareholder or an immediate family member of such person retains an ownership interest of greater than 25%?  Yes  No

If **Yes**, please attach a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds.

3. Does the Applicant act in the capacity of an employee or official of any governmental body?  Yes  No

**Risk Management**

1. Does any one contract or client represent more than 50% of annual work?  Yes  No

If **Yes**, please provide full details: \_\_\_\_\_

\_\_\_\_\_

2. In-house continuing education for professionals?  Yes  No

3. Peer review Program?  Yes  No

4. Are all contracts/ agreements / purchase orders reviewed by applicant's legal counsel before they are executed?  Yes  No

If **Yes**, please explain: \_\_\_\_\_

\_\_\_\_\_

**Risk Information**

1. Gross Billings and Construction Values

	Most Recently Completed Fiscal Year:	Previous Completed Fiscal Year:
Joint Venture Projects:	\$ _____	\$ _____
Projects Insured Under Separate Project Policies:	\$ _____	\$ _____
Projects Which Have Been Permanently Abandoned:	\$ _____	\$ _____
Feasibility Studies, Master Plans, Reports:	\$ _____	\$ _____
Direct Reimbursables:	\$ _____	\$ _____
--OR--		
Total Gross Billings:	\$ _____	\$ _____

2. Design/Build – Construct Values

	Most Recently Completed Fiscal Year:	Previous Completed Fiscal Year:
All Operations:	\$ _____	\$ _____
Design/Construct:	\$ _____	\$ _____
Design Only – No Construction:	\$ _____	\$ _____
Construction Only – No Design	\$ _____	\$ _____

3. Please provide an attachment for the three (3) largest projects within the last five years. Attachment should include the following details: (1) name of project; (2) type of structure; (3) services performed; (4) construction values.

**Claim History**

1. Claims History:

Please provide the total number of claims and the total aggregate amount incurred (indemnity and expense) for all claims over the last five (5) years or the total number of years in operation if this is less than 5 years.

Total Claims: \_\_\_\_\_ Total Aggregate: \_\_\_\_\_

2. Please provide the information below for all losses over \$10,000 (indemnity and expense):

Date of Loss: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Full Name of Claimant: \_\_\_\_\_

Description: \_\_\_\_\_

Current Status: \_\_\_\_\_

Incurred Amount Including Reserve: \$ \_\_\_\_\_

Defendant's offer to Settle (if Open): \$ \_\_\_\_\_

3. After inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them but which has not yet been reported to a professional liability carrier?

Yes  No

If **Yes**, attach a statement giving full details.

4. Has the Applicant, any Predecessor in business or any other person from whom coverage is requested ever reported a potential claim, circumstance to a professional liability carrier?

Yes  No

If **Yes**, attach a statement giving full details.

**Insurance History**

1. Please detail present Architects and Engineers Professional Liability Insurance Coverage:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Limits: \_\_\_\_\_

Deductible: \_\_\_\_\_

2. Please detail Architects and Engineers Professional Liability Coverage for the FIVE YEARS prior to present coverage:

Insurance Company	Policy Number	Limits	Deductible	Policy Period
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_____
_____
_____
_____
_____

3. Has the Applicant ever purchased an extended reporting endorsement?  Yes  No

If **Yes**, please provide date purchased and term of endorsement: \_\_\_\_\_

4. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present partners ever been declined or has the insurance ever been cancelled or renewal refused?  Yes  No

If **Yes**, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Date UNINTERRUPTED insurance began: (mm/dd/yy): \_\_\_\_\_

6. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy?  Yes  No

If **Yes**, please provide details below:

Insurance Company	Type of Coverage	Limits BI / PD	Effective From / To
_____	_____	_____	_____

Please attach:

- a. Copy of the firm's brochure/resumes
- b. Copy of the firm's latest financial statement, annual report or 10-K

**IMPORTANT NOTICE**

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.



IF AND WHEN A POLICY IS ISSUED, THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

**NOTICE TO FLORIDA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF THIS POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Applicant hereby acknowledges that he/she/it is aware that the limits of insurance contained in this policy shall be reduced, and may be completely exhausted, by the costs of defense expenses which include but are not limited to attorneys fees and, in such event, the insurer shall not be liable for the costs of defense expenses or for the amount of any judgment or settlement to the extent that such exceeds the limits of insurance of this policy.

This Applicant hereby further acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied against the deductible amount, if any.

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Signature of Owner, Partner, Member, Principal, or Officer  
Authorized to Sign as Applicant

Applicant's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_

License #: \_\_\_\_\_